

<i>SERFF Tracking Number:</i>	<i>EVST-125685214</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-PL-20024085</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Professional Liability</i>		
<i>Project Name/Number:</i>	<i>Social Services Professional Liability/CW-PL-20020660</i>		

## Filing at a Glance

Company: Everest National Insurance Company

Product Name: Professional Liability

SERFF Tr Num: EVST-125685214 State: Arkansas

TOI: 17.0 Other Liability - Claims  
Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0019 Professional Errors &  
Omissions Liability

Co Tr Num: AR-PL-20024085

State Status: Fees verified and  
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith  
Roberts

Author: Vanessa King

Disposition Date: 06/12/2008

Date Submitted: 06/06/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Social Services Professional Liability

Status of Filing in Domicile: Pending

Project Number: CW-PL-20020660

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/12/2008

State Status Changed: 06/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are introducing EDEC 227 - Social Services Professional Liability Declarations, for use with our Professional Liability business. As a companion to this new form, we are also revising our Professional Liability company exception rule pages to reference EDEC 227.

The rule has been filed under Company File Number AR-PL-20024086

SERFF Tracking Number: EVST-125685214 State: Arkansas

Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AR-PL-20024085

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Professional Liability

Project Name/Number: Social Services Professional Liability/CW-PL-20020660

## Company and Contact

### Filing Contact Information

Vanessa King, Manager, Filing and Regulation [vanessa.king@everestre.com](mailto:vanessa.king@everestre.com)  
P.O. Box 830 (908) 604-3267 [Phone]  
Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

### Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware  
477 Martinsville Road Group Code: 1120 Company Type:  
P.O. Box 830  
Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:  
Ltd.  
(908) 604-3000 ext. [Phone] FEIN Number: 22-2660372  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: The fee is \$50 per form filing.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest National Insurance Company	\$50.00	06/06/2008	20711533

*SERFF Tracking Number:* EVST-125685214 *State:* Arkansas  
*Filing Company:* Everest National Insurance Company *State Tracking Number:* EFT \$50  
*Company Tracking Number:* AR-PL-20024085  
*TOI:* 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0019 Professional Errors & Omissions Liability  
*Product Name:* Professional Liability  
*Project Name/Number:* Social Services Professional Liability/CW-PL-20020660

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	06/12/2008	06/12/2008

*SERFF Tracking Number:* EVST-125685214 *State:* Arkansas  
*Filing Company:* Everest National Insurance Company *State Tracking Number:* EFT \$50  
*Company Tracking Number:* AR-PL-20024085  
*TOI:* 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0019 Professional Errors & Omissions Liability  
*Product Name:* Professional Liability  
*Project Name/Number:* Social Services Professional Liability/CW-PL-20020660

## Disposition

Disposition Date: 06/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* EVST-125685214      *State:* Arkansas  
*Filing Company:* Everest National Insurance Company      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* AR-PL-20024085  
*TOI:* 17.0 Other Liability - Claims Made/Occurrence      *Sub-TOI:* 17.0019 Professional Errors & Omissions Liability  
*Product Name:* Professional Liability  
*Project Name/Number:* Social Services Professional Liability/CW-PL-20020660

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Social Services Professional Liability Declarations	Approved	Yes

SERFF Tracking Number: EVST-125685214 State: Arkansas

Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AR-PL-20024085

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Professional Liability

Project Name/Number: Social Services Professional Liability/CW-PL-20020660

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Social Services Professional Liability Declarations	EDEC 22707 02 07 02		Declaration New s/Schedule		0.00	EDEC 227 07 02.pdf

## SOCIAL SERVICES PROFESSIONAL LIABILITY DECLARATIONS

NAMED INSURED	EFFECTIVE DATE	POLICY NUMBER
FORM OF BUSINESS:  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Individual</span> <span><input type="checkbox"/> Partnership</span> <span><input type="checkbox"/> Joint Venture</span> <span><input type="checkbox"/> Limited Liability Company</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Trust</span> <span><input type="checkbox"/> Organization, including a Corporation (but not including a Partnership, Joint Venture or Limited Liability Company)</span> </div>		
ADDITIONAL INSURED		
<b>LIMITS OF INSURANCE AND REGULATORY DEFENSE AMOUNT</b>		
<div style="margin-bottom: 10px;">\$ _____ AGGREGATE LIMIT</div> <div>\$ _____ EACH PROFESSIONAL SERVICES INCIDENT LIMIT</div>		
<b>PREMIUM SCHEDULE</b>		
<b>CLASSIFICATION</b>	<b>NUMBER</b>	<b>RATE</b>
CATEGORY		ANNUAL PREMIUM
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Coverage Part Premium</b>		\$
FORMS AND ENDORSEMENTS ATTACHED TO THIS COVERAGE PART:		

<i>SERFF Tracking Number:</i>	<i>EVST-125685214</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-PL-20024085</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Professional Liability</i>		
<i>Project Name/Number:</i>	<i>Social Services Professional Liability/CW-PL-20020660</i>		

## Rate Information

Rate data does NOT apply to filing.



SERFF Tracking Number: EVST-125685214 State: Arkansas  
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: AR-PL-20024085  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions  
Liability  
Product Name: Professional Liability  
Project Name/Number: Social Services Professional Liability/CW-PL-20020660

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty  
**Review Status:** Approved 06/12/2008  
**Comments:**  
**Attachment:**  
Transmittal-F.pdf

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	Everest Re Group, Ltd.				<b>Group NAIC #</b>	1120
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Everest National Insurance Company	DE	10120	22-2660372			

<b>5. Company Tracking Number</b>	AR-PL-20024085
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Vanessa King 477 Martinsville Road Liberty Corner, NJ 07938-0830	Manager	(908) 604-3267	(908) 604-3526	vanessa.king@everest re.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>		Vanessa King		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	Other Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Professional Liability
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Social Services Professional Liability
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 07/01/2008 Renewal: 07/01/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	6/6/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-PL-20024085
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are introducing EDEC 227 - Social Services Professional Liability Declarations, for use with our Professional Liability business. As a companion to this new form, we are also revising our Professional Liability company exception rule pages to reference EDEC 227.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b> <b>Amount: \$50.00</b></p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-PL-20024085
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>AR-PL-20024086</b>
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Social Services Professional Liability Declarations	EDEC 227 07 02	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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☐ Rate Increase      ☐ Rate Decrease      ☐ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01		[ ] New [ ] Replacement [ ] Withdrawn	
02		[ ] New [ ] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	